S. 2343. A bill to amend the Radiation Exposure Compensation Act to provide for partial restitution to individuals who worked in uranium mines, or transport which provided uranium for the use and benefit of the United States Government, and for other purposes; to the Committee on the Judiciary.

By Mr. COVERDELL (for himself, Mr. FAIRCLOTH, Mr. LOTT, Mrs. HUTCHISON, Mr. GRAMM, Mr. SHELBY, Mr. LUGAR, and Mr. COCHRAN):

S. 2344. A bill to amend the Agricultural Market Transition Act to provide for the advance payment, in full, of the fiscal year 1999 payments otherwise required under production flexibility contracts; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MURKOWSKI (for himself, Mr. LOTT, Mr. DASCHLE, Mr. D'AMATO, Mr. HELMS, Mr. GRASSLEY, Mr. HATCH, Mr. BIDEN, Mr. CLELAND, Mr. DURBIN, Mr. TORRICELLI, Mrs. FEINSTEIN, and Mr. INOUYE):

S. Res. 257. A resolution expressing the sense of the Senate that October 15, 1998, should be designated as ''National Inhalant Abuse Awareness Day''; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. HARKIN (for himself and Ms. MIKULSKI):

S. 2340. A bill to amend title XVIII of the Social Security Act to provide for coverage of qualified acupuncturist services under part B of the medicare program, and to amend title 5, United States Code, to provide for coverage of such services under the Federal Employees Health Benefits Program; to the Committee on Finance.

THE PATIENT ACCESS TO ACUPUNCTURE SERVICES ACT OF 1998

Mr. HARKIN. Mr. President, I am pleased today to introduce the Patient Access to Acupuncture Services Act of 1998, to provide limited coverage for acupuncture under Medicare and the Federal Employees Health Benefits Program. This is an important bill that reflects an appropriate and needed response to both progress in science, and to the demand for complementary and alternative treatments of pain and illness.

I would like to acknowledge Senator MIKULSKI, who is cosponsoring this bill with me. Senator MIKULSKI has been a strong supporter of effective alternative therapies and has long realized and appreciated the importance and significance of such therapies to our health care system.

Mr. President, approximately 90 million Americans suffer from chronic illnesses, which, each year, cost society roughly $659 billion in health care expenditures, lost productivity and premature death. Despite the high costs of this care, studies published in the Journal of the American Medical Association reveal that the health care delivery system is not meeting the needs of the chronically ill in the United States.

Many of these Americans are looking desperately for effective, less costly alternative therapies to relieve the debilitating pain they suffer. In 1990 alone, Americans spent nearly $14 billion out-of-pocket on alternative therapies. Harvard University researchers have found that fully one-third of Americans regularly use complementary and alternative medicine, making an estimated 425 million visits to complementary and alternative practitioners of these therapies—surpassing those made to conventional primary care practitioners!

And with good reason. Last November, a consensus conference of the National Institutes of Health approved the use of acupuncture in standard U.S. medical care. It was the first time that the NIH had endorsed as effective a major alternative therapy, and it was just the type of medical breakthrough that I had hoped for and envisioned when I worked to establish the Office of Alternative Medicine at NIH.

The NIH experts cited data showing that acupuncture can effectively relieve certain conditions, such as nausea, vomiting and pain, and shows promise in treating chronic conditions such as lower back pain, substance addictions, osteoarthritis and asthma.

In 1993, the FDA reported that Americans spent $500 million for up to 12 million acupuncture visits. In 1996, after reviewing the science, the FDA removed acupuncture needles from the category of ''experimental medical devices'' and now regulates them just as it does other devices, such as surgical scalpels and hypodermic syringes. Acupuncture is effectively used by practitioners around the world. The World Health Organization has approved its use to treat a variety of medical conditions, including pulmonary problems and rehabilitation from neurological damage.

It has been reported that more than 1 million Americans currently receive acupuncture each year. Access to qualified acupuncture professionals for appropriate conditions should be ensured. Including this important therapy under Medicare and FEHBP coverage will promote a progressive health system that integrates treatment from both acupuncturists and physicians. It will expand patient care options. I also believe it will reduce health care costs because of the relatively low cost of acupuncture compared to conventional pain management therapies.

Research is still needed to demonstrate the effectiveness of other alternative therapies. This research is vitally important, but we must act now to help the millions Americans who can benefit from the knowledge we have already gained.

The 21st century is just around the corner. Less than 50 years ago, treatments that are now considered conventional—organ transplants, nitroglycerin for heart patients, immunology, and x-ray and laser technology—were decried as quackery by the medical establishment. Everyday we face new biological and emotional challenges for which modern Western medicine has no remedy. Now science is revealing the effectiveness of many complementary and alternative treatments, including acupuncture, and increasingly more Americans are choosing them to manage their health and treat their illness.

Let us listen to the science, and heed the urgent need for progress. Mr. President, the nation's leading scientists have demonstrated the safety and effectiveness of acupuncture as a treatment for a wide range of pain and illness. It makes common sense that Medicare and FEHBP cover this legitimate course of therapy.

Mr. President, I ask for unanimous consent that a copy of this bill be entered into the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2340

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Access to Acupuncture Services Act of 1998''.

SEC. 2. COVERAGE OF ACUPUNCTURIST SERVICES UNDER MEDICARE.

(a) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) (as amended by section 4557 of the Balanced Budget Act of 1997) is amended—

(1) in subparagraph (S), by striking ''and'' at the end;

(2) in subparagraph (T), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(U) qualified acupuncturist services (as defined in subsection (uu));''.

(b) PAYMENT RULES.—

(1) DETERMINATION OF AMOUNT OF PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) (as amended by section 4556(b) of the Balanced Budget Act of 1997) is amended—

(A) by striking ''and'' before ''(S)'', and

(B) by striking the semicolon at the end and inserting the following: '', and (T) with respect to qualified acupuncturist services described in section 1861(s)(2)(U), the amounts paid shall be the amount determined by a fee schedule established by the Secretary for purposes of this subparagraph;''.

(2) SEPARATE PAYMENT FOR SERVICES OF INSTITUTIONAL PROVIDERS.—Section 1832(a)(2)(B)(iii) of the Social Security Act (42 U.S.C. 1395k(a)(2)(B)(iii)) is amended—

(A) by striking ''and services'' and inserting ''services''; and

(B) by striking the semicolon at the end and inserting the following: '', and qualified acupuncturist services described in section 1861(s)(2)(U);''.

(c) SERVICES DESCRIBED.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) (as amended by section 4611(b) of the Balanced Budget Act of 1997) is amended by adding at the end the following:

''Qualified Acupuncturist Services

''(uu)(1) The term 'qualified acupuncturist services' means such services (with such frequency limits as the Secretary determines

appropriate) furnished by a qualified acupuncturist (as defined in paragraph (2)) and such services and supplies (with such limits) furnished as an incident to services furnished by the qualified acupuncturist that the qualified acupuncturist is legally authorized to perform under State law (or under a State regulatory mechanism provided by State law).

''(2) The term 'qualified acupuncturist' means an individual who has been certified, licensed, or registered as an acupuncturist by a State (or under a State regulatory mechanism provided by State law).''.

(d) GUIDANCE BY SECRETARY OF HEALTH AND HUMAN SERVICES.—The Secretary of Health and Human Services shall provide States with guidance regarding what services a qualified acupuncturist (as defined in section 1861(uu)(2) of the Social Security Act (42 U.S.C. 1395x(uu)(2)) (as added by subsection (c)) should be legally authorized to perform under State law (or under a State regulatory mechanism provided by State law). In providing such guidance, the Secretary of Health and Human Services shall take into consideration the recommendations of the Director of the National Institutes of Health relating to the effectiveness of certain acupuncture services and modalities.

(e) EFFECTIVE DATE.—The amendments made by this section apply to services furnished on or after January 1, 1999.

SEC. 3. COVERAGE OF ACUPUNCTURIST SERVICES UNDER FEDERAL EMPLOYEES HEALTH BENEFIT PLANS.

(a) IN GENERAL.—Section 8902(k)(1) of title 5, United States Code, is amended by inserting ''acupuncturist,'' after ''nurse midwife,'' each place it appears.

(b) APPLICABILITY.—The amendment made by subsection (a) applies with respect to services provided on or after January 1, 1999.

● Ms. MIKULSKI. Mr. President, today I join my good friend and colleague, Senator HARKIN, in introducing a bill to allow for coverage of acupuncture services under Part B of Medicare and the Federal Employee Health Benefits Program (FEHBP). I am proud to be the lead cosponsor of this legislation.

I like this bill for three reasons: it gives patients access to affordable, quality health care; it offers patients choice of treatment; and it lets patients decide what treatment works for them.

Some years ago I had some very severe illnesses. Western medicine was of limited utility for me and I turned to acupuncture. Acupuncture helped me get well and has helped me stay well. Time after time, constituents have confirmed what I already know about acupuncture—it is an effective treatment for a number of conditions.

Last November, the Western medical establishment formally endorsed what American consumers have been saying for a long time. The National Institutes of Health convened a federal panel of experts in medicine, anthropology, biostatistics, epidemiology and other scientific disciplines to discuss the validity of acupuncture as an effective treatment option. The panel concluded that there is clear evidence that acupuncture is an effective treatment for certain kinds of pain and nausea and may be effective for other conditions. Equally important, acupuncture has fewer side effects and is less invasive than many ''traditional'' medical practices. The panel decided that, given its good safety profile and the fact that it is often less expensive than conventional medicine, it's time to take acupuncture seriously.

I think it's time that the federal government take it seriously, too. The time has come for Medicare and FEHBP to cover acupuncture for American patients who seek this treatment option. I urge the Senate to approve this legislation to allow American patients to choose this less invasive, less costly, and effective treatment option. I applaud Senator HARKIN for taking the lead on this important effort.●

By Mr. DEWINE (for himself, Mr. COVERDELL, Mr. GRAHAM, Mr. FAIRCLOTH, Mr. BROWNBACK, Mr. BOND, Mr. HELMS, Mr. ABRAHAM, Mr. HUTCHINSON, Mr. ALLARD, Mr. FRIST, Mr. MACK, Mr. MURKOWSKI, Mr. HATCH, Mr. CRAIG, and Mr. GRASSLEY):

S. 2341. A bill to support enhanced drug interdiction efforts in the major transit countries and support a comprehensive supply eradication and crop substitution program in source countries; to the Committee on Foreign Relations

WESTERN HEMISPHERE DRUG ELIMINATION ACT

● Mr. DEWINE. Mr. President, I rise today to introduce legislation proposing a new and comprehensive strategy to deal with one of the central challenges facing America's young people—the plague of illegal drugs.

Recently, President Clinton and House Speaker NEWT GINGRICH unveiled the latest investment in our war against illegal drug use: a $2 billion-dollar advertising campaign to send our children a hard-hitting message about the life-destroying dangers of drugs.

Anti-drug ad campaigns like this one are important. But we should remember that the creative minds on Madison Avenue are not our best or only weapon to get people off drugs. History has proven that a successful anti-drug strategy is balanced and comprehensive in three key areas: demand reduction (such as education and treatment); domestic law enforcement; and international supply reduction.

Today, though, we are on the wrong side of history. Our overall drug strategy is neither balanced nor comprehensive. That's because Washington has not done its part. It has not carried out its sole responsibility—to reduce the illegal drug imports, either by working with foreign governments, or by seizing drugs or disrupting drug trafficking routes outside our borders.

That is why, today, I rise to introduce this legislation. It is a bill that will fix our current drug strategy deficit. I, along with Senators COVERDELL, GRAHAM and 11 other Senators will introduce the ''Western Hemisphere Drug Elimination Act''—a bill to support enhanced drug interdiction efforts in the major transit countries, and support a comprehensive supply eradication and crop substitution program in source countries.

Mr. President, this is a $2.6 billion authorization initiative over three years for enhanced international eradication, interdiction and crop substitution efforts. Let me mention a few highlights of what this bill would accomplish, very specifically.

It would improve our aircraft, maritime and radar coverage of both drug-source and drug-transit countries. It would do this by (1) authorizing funds for construction, operation and maintenance of additional U.S. Customs/Defense aircraft, Coast Guard cutters and patrol vessels, and Customs/Coast Guard ''go-fast'' boats for drug interdiction efforts; (2) authorizing funds to establish an airbase to support counter-narcotics operations in the Southern Caribbean, Northern South America, and the Eastern Pacific; and (3) authorizing funds to the Department of Defense to restore, operate, and maintain critical radar coverage in these regions.

It would enhance drug-eradication and interdiction efforts in source countries—by authorizing funds to the Departments of State and Defense to provide necessary resources, equipment, training and other assistance needed for the support of eradication and interdiction programs in Bolivia, Colombia, Peru and Mexico.

It would enhance the development of alternative crops in drug-source countries, by authorizing funds to the United States Agency for International Development to support alternative development programs designed to encourage farmers to substitute for narcotic producing crops in Bolivia, Colombia, and Peru.

It would support international law enforcement training—by (1) establishing three separate international law enforcement academies operated by the Department of Justice, to provide training assistance in Latin America, Asia, and Africa; (2) establishing a training center for maritime law enforcement instruction, including customs-related ports management; and (3) authorizing funds for the promotion of law enforcement training and support for Caribbean, Central American and South American countries.

It would enhance law enforcement interdiction operations by authorizing funding to the Drug Enforcement Administration, U.S. Coast Guard, and Department of Defense for the support of counter-narcotics operations and equipment in drug transit and source countries.

Mr. President, as you can see, this is a very targeted and specific investment. And it is necessary. The budget numbers tell an alarming—undeniable—story: In 1987, the federal government's drug control budget of $4.79 billion was divided as follows: 29% for demand reduction programs; 38% for domestic law enforcement; and 33% for international supply reduction. This

funding breakdown was the norm during the Reagan and Bush Administrations' war on drugs, from 1985–92.

During that time, drug interdiction was serious business. President Bush even tasked the Defense Department to engage in the detection and monitoring of drugs in transit to the U.S. As a member of the House of Representatives at that time, I can recall very well the major commitment we made to reduce the amount of drugs going into the U.S.

After President Clinton took office in 1993, his administration immediately pursued policies that upset the careful balance in drug funding. For example, in 1995, the federal drug control budget of $13.3 billion was divided as follows: 35% was allocated for demand reduction programs; 53% for domestic law enforcement, and 12% for international supply reduction. Think of it—only 12% of our drug control budget was dedicated to stop drugs from coming to our country—down from 33% in 1987. Though the overall drug budget increased threefold from 1987 to 1995, the piece of the drug budget pie allocated for international and interdiction efforts had decreased.

Key components of our drug interdiction strategy were slashed. For example, Coast Guard funding for counter-narcotics fell 32% from 1992 to 1995. Not surprisingly, Coast Guard drug seizures dropped from 90,335 lbs in 1991 to 28,585 lbs in 1996. In addition, interdiction no longer remains a priority within the Department of Defense, which currently ranks counter narcotics dead last in importance in its Global Military Force Policy.

What were the results of these two clearly different approaches? The Reagan-Bush approach achieved real success. From 1988 to 1991, total drug use was down 13 percent. Cocaine use dropped by 35 percent. Marijuana use was reduced by 16 percent.

In contrast, under the Clinton approach, since 1992 overall drug use among teens aged 12 to 17 rose by 70 percent. Drug-abuse related arrests more than doubled for minors between 1992 and 1996. Since 1992, there has been an overall 80 percent increase in illicit drug use among graduating high school seniors. Further, in 1995 number of heroin related emergency room admissions jumped 58% since 1992. And in the first half of 1995, methamphetamine related emergency room admissions were 321% higher compared to the first half of 1991.

The price of drugs also decreased during this time period. For instance, the price of a pure heroin gram in 1992 was $1,647—and in February 1996 it was only $966 per gram.

These negative effects have sent shockwaves throughout our communities and our homes.

The rise of drug use is not at all surprising. With the Clinton administration's decline in emphasis on drug interdiction, it has become easier to bring drugs into the U.S. This makes drugs more available and more affordable. The Office of National Drug Control Policy reported that small ''pieces'' or ''rocks'' of crack, which once sold for ten to twenty dollars, are now available for three to five dollars.

No question, continued investments to deal with the ''demand side'' of the drug situation are necessary. We have to find ways to persuade Americans, particularly young people, that doing drugs is wrong—that it destroys lives, families, schools and communities. As long as there is a demand for drugs, education and treatment remain essential long-term components of our anti-drug efforts.

Casual drug users also are influenced by price, which is why a balanced anti-drug strategy includes fighting drugs beyond our borders. The drug lords in South America are well aware that the U.S. is no longer pursuing a tough interdiction strategy. I have seen Coast Guard operations first hand, and while the Coast Guard and other agencies can detect and monitor drug trafficking operations, they usually stand by helpless because they lack necessary equipment to turn detection into seizures and arrests. Of the total drug air events in the Bahamas from April 1997 to April 1998, there was only an 8% success rate in stopping drug air flights that have been detected. That means over 92% got away. Without doubt, the drug lords can get a larger flow of drugs into the U.S.

With additional resources, we can make it more difficult to import illegal narcotics, and drive up the cost for the drug cartels to engage in this illicit and immoral practice. Interdiction drives up the price—and drives down the purity—of cocaine on the street. Also, seizing or destroying a ton of cocaine outside our borders is more cost effective than trying to seize the same quantity of drugs at the point of sale.

Mr. President, that is why I think that this bill is absolutely essential. The bill can get us back on the right track. I want to take this opportunity to acknowledge Representative BILL MCCOLLUM's tireless efforts and dedication to this initiative. He has shown tremendous leadership on anti-drug efforts.

Mr. President, it is time to reverse the current administration's policy and get right with history. It is time we returned to a comprehensive, balanced drug control strategy that will put us back on a course toward ridding our schools and communities of illegal and destructive drugs. The evidence clearly shows that with a balanced strategy, we were making great progress. We significantly reduced drug use. For the sake of our children, it is time for us to embrace the lessons of history, and stop trying to escape them.●

● Mr. GRAHAM. Mr. President, I am proud to join Senator DEWINE and my other colleagues in introducing the Western Hemisphere Drug Elimination Act of 1998. This bill will provide an additional $2.6 billion over a 3-year period to implement a more comprehensive eradication, interdiction, and crop substitution strategy for our nation's counter-drug efforts.

The bill will help the United States meet its goal of reducing the flow of cocaine and heroin into the U.S. by 80 percent in three years by combining a reduction in availability with demand reduction efforts. This is accomplished by providing more funding to those doing the heavy lifting in this fight—the Coast Guard, the Customs Service, the Drug Enforcement Administration, and the Department of Defense.

The U.S. needs to focus its resources in a comprehensive way to protect the entire southern frontier of the United States from San Diego to San Juan. Previously, resources were shifted from one part of the country to another, alternating between those states along the Southwest border and the Caribbean. This created ''gates'' where drug smugglers could move their product without fear of U.S. interdiction. This bill will provide the necessary resources to eliminate the chinks from the anti-drug fence, so that we do not have to choose between stopping drug smuggling in one area of the country or another.

On June 22 of this year, I chaired a field hearing in Miami on behalf of the Senate Caucus on International Narcotics Control. The purpose was to examine the flow of drugs into the United States through the Caribbean into Florida. I wanted to gain a clearer picture of the current patterns of narcotics trafficking from the Southwest border back to the Caribbean and South Florida, obtain a better understanding for what the United States needs to do to increase our anti-drug effectiveness, and improve our efforts to stem this flow which threatens our youth. We held the hearing on the deck of a U.S. Coast Guard Medium Endurance Cutter named the *Valiant*, which had just returned from a seven week counter-narcotics patrol in the Caribbean.

We selected the Coast Guard venue to underscore a number of very important realities in the United States' current strategy to fight the drug war. One of our principal interdiction forces—the United States Coast Guard—is conducting its mission on vessels such as the *Valiant*, a ship that is more than 30 years old, with an equally antiquated surface search radar. The Coast Guard needs new ships and newer radars. As I approached the *Valiant*, I noticed that there were a number of weapons systems on board, including two .50 caliber machine guns and a 25mm chain gun. These weapons reminded me that this effort is indeed a war. Despite the words of some officials who prefer not to characterize the effort as such, it is indeed. We are fighting a well-organized, well-financed, and doggedly determined enemy whose objective is to inundate our nation with a chemical weapon that demeans, degrades, and defeats the most precious asset we have—our people. What more do we

need to know to energize ourselves to fight back?

The individuals who testified at the field hearing painted a very disturbing picture. Consider the following facts:

The United States Southern Command cannot maintain adequate radar and airborne early warning coverage of the region or sustain the right number of tracker aircraft to perform its mission to provide counter-drug support to states in South America and the Caribbean.

The Joint Interagency Task Force East, located in Key West, Florida, does not know the extent of drug smuggling in the Eastern Pacific because the Department of Defense has not provided the necessary assets to conduct its Detection & Monitoring mission.

The Coast Guard had to end a very successful counter-narcotics operation in the Caribbean, OPERATION FRONTIER LANCE, because of a lack of funding.

The United States Customs Service is limited in its ability to capture drug runners in go-fast boats because of a lack of funds to procure newer and faster boats, as well as a lack of personnel to adequately maintain those go-fast boats currently in service due to lack of funding.

The Drug Enforcement Administration lacks sufficient special agents in the Caribbean, as well as accompanying administrative and intelligence personnel, because the DEA does not have sufficient funds to hire and retain these individuals.

The South Florida High Intensity Drug Trafficking Area—responsible for coordinating and integrating federal, state, and local law enforcement agencies' counter-drug efforts—is constrained in its ability to conduct investigations by paying overtime salaries because of the lack of funding.

If there is a trend underlying all these problems, it is the lack of funds being made available to those agencies responsible for performing the supply reduction component of the drug war. By adding resources to the supply side of the drug war—more planes, helicopters, radars, personnel, and boats—we will eliminate the need to constantly shift resources from one area of the country to another. Drug smugglers will no longer be able to exploit our weaknesses, such as the lack of Coast Guard, Customs, and DEA resources in the Caribbean. South Florida will no longer be a gate through which drug smugglers have entry into the United States.

Those responsible for coordinating the national drug control strategy say that reducing our own demand for drugs is tremendously important. I could not agree more. That is why I was an original co-sponsor of the Drug Free Communities Act, and why I took steps to create and fund the Central Florida High Intensity Drug Trafficking Area. But addressing our demand for drugs is only one part of the solution, and that reduction will take time. We must take strong steps to interrupt the supply side of the equation as well. And quite frankly, we are not doing as much on the supply side as we should, or as much as we can.

I am committed to seeing that more is done, and this legislation goes a long way towards achieving our goals. By restoring the support we provide to eradication and interdiction, I believe we can make a difference in this war, and the time to make that difference is now.●

By Mr. BURNS:

S. 2342. A bill to amend title XVIII of the Social Security Act to exempt certain facilities from the 3-year transition period under the prospective payment system for skilled nursing facilities; to the Committee on Finance.

THE SKILLED NURSING FACILITY PAYMENT FAIRNESS ACT OF 1998

● Mr. BURNS. Mr. President, today I am pleased to introduce legislation to put more equality into the Medicare payment system for skilled nursing facilities (SNFs). The Skilled Nursing Facility Payment Fairness Act of 1998 will allow certain SNFs—those which will suffer a real cut in Medicare payments—to use a more equitable payment formula that more closely reflects their actual costs.

The Balanced Budget Act of 1997 required HCFA to develop a prospective payment system (PPS) for Medicare-covered services provided by skilled nursing facilities. Under the PPS, SNFs will be paid a single federal per diem rate for all routine, ancillary, and capital-related Part A costs. For SNFs that participated in Medicare before October 1, 1995, there is a three-year transition period to the PPS. During this transition period, facilities will be paid a blended rate based on a facility-specific rate and a federal rate. In the first year of the transition, the blended rate will be 75% of the facility-specific rate and 25% of the federal rate; in the second year the split will be 50%–50%; and in the third year 25%–75%.

For facilities that have had a substantial change in the level of services they provide since 1995, the transitional blended payment rate will have a severe impact. And of those facilities adversely affected, a significant number are low-utilization SNFs is rural areas. For example, facilities in Montana provide fewer services as measured by Medicare patient days than the national average. They are hit in two ways: first, their utilization levels (length of stay, level of acuity), though still low, are higher today than they were in 1995, so the facility-specific rate which is based on 1995 cost reports does not reflect today's costs; second, the low-utilization facilities are less able to absorb Medicare payment reductions and are more likely to drop out of Medicare altogether. As a result, rural communities with few providers may have no post-hospital services. Patients will then have to leave their communities to seek services elsewhere or go without these services.

The bill I'm introducing today will allow facilities to skip the transition period and go directly to the more equitable federal rate if (1) the Secretary of Health and Human Services determines that the facility's level of services has changed substantially since 1995, or (2) the facility had fewer than 1500 Medicare patient days in its last cost reporting period. By receiving payments based on the federal rate, which is adjusted for case-mix, geographic variations in wages, and inflation, facilities will be compensated in an amount closer to their actual costs. On the other hand, the facility-specific portion of the current blended rate bases costs in part on 1995 expenses, which does not reflect current costs.

Rural areas will suffer under the current prospective payment system. In Montana alone, cuts in Medicare payments to skilled nursing facilities are estimated at $5.6 million in the first year of the prospective payment system, which began on July 1, 1998. It will result in decreased access to care for Medicare patients as fewer services are offered and fewer facilities participate in Medicare. This bill provides a straightforward, workable solution and is supported by the Montana Health Care Association and the American Health Care Association. It will correct the unintended negative consequences of the transition to a prospective payment system and restore fairness to the process.●

By Mr. BINGAMAN:

S. 2343. A bill to amend the Radiation Exposure Compensation Act to provide for partial restitution to individuals who worked in uranium mines, or transport which provided uranium for the use and benefit of the United States Government, and for other purposes; to the Committee on the Judiciary.

RADIATION EXPOSURE COMPENSATION IMPROVEMENT ACT

Mr. BINGAMAN. Mr. President, I rise to make a few remarks regarding a bill I am introducing today, the Radiation Exposure Compensation Improvement Act.

Mr. President, the Radiation Exposure Compensation Act or RECA was originally enacted as a means of compensating thousands of individuals who suffered from exposure to radiation as a result of the federal government's nuclear testing program and federal uranium mining activities. While the government can never fully compensate for the loss of a life or the reduction in the quality of life, RECA serves as a cornerstone for the national apology Congress extended in 1990 to the victims of the radiation tragedies. In keeping with the spirit of that apology, the legislation I introduce today will further correct existing injustices and provide compensation for those whose lives and health were sacrificed as part of our nation's effort to win the Cold War.

In 1990, I was pleased to have been a sponsor of the RECA legislation here in

the Senate. I was very optimistic that after years of waiting, some degree of redress would be given to the thousands of miners in my state of New Mexico. I chaired the Senate oversight hearing on this issue in Shiprock, N.M. for the Senate Labor and Human Resources Committee in 1993 and began to hear of changes that were necessary. To that end, I worked to facilitate changes in the regulatory and administrative areas.

Unfortunately, I have heard from many of my constituents that the program still does not work as intended. I have received compelling letters of need from constituents telling me how RECA needs to be amended. The letters come from widows unable to access the current compensation. Miners and millers tied to oxygen tanks, in respiratory distress or dying from cancer write to tell me how they have been denied compensation under the current act. Family members write of the pain of fathers who worked in the mills. They recount how their fathers came home covered in the ''yellow cake'' of uranium oxide that was floating in the air of the mills. The story of their father's cancers and painful breathing are vivid in these letters and yet the current act does not address their needs.

Mr. President, the bill I introduce today will address the issues they raise in their sometimes angry and often tear stained letters. Their points are backed by others as well. In fact, the bill incorporates findings by the prestigious Committee on the Biological Effects of Ionizing Radiation (BEIR) which has, since 1990, enlarged scientific evidence about radiogenic cancers and the health effects of radiation exposures. In other words, because of their good work, we know more now than we did in 1990 and we need to make sure the compensation we provide keeps pace with our medical knowledge.

Other amendments will, in essence, adopt and incorporate into RECA the recommendations made in October 1995 by the President's Advisory Committee on Human Radiation Experiments. This blue-ribbon committee determined that U.S. uranium miners were used as subjects of an experiment which had tragic results. It used this language to condemn the ethical outcome of this study:

> The grave injustice that the government did to the uranium miners, by failing to take action to control the hazard and by failing to warn the miners of the hazard, should not be compounded by unreasonable barriers to receiving the compensation the miners deserve for the wrongs and harms inflicted upon them as they served their country.

Mr. President, I would like to cite several of the key provisions in the Radiation Exposure Compensation Improvement Act. Currently RECA covers those exposed to radiation released in underground uranium mines that were providing uranium for the primary use and benefit of the nuclear weapons program of the U.S. government. The bill would make all uranium workers eligible for compensation including above ground miners, millers, and transport workers.

RECA currently covers individual termed ''downwinders'' who were in the areas of Nevada, Utah, and Arizona affected by atmospheric nuclear testing in the 1950's. This bill expands the geographical area eligible for compensation to include the Navajo Reservation. In addition, the bill expands the compensable diseases for the downwind population by adding salivary gland, urinary bladder, brain, colon, and ovarian cancers.

Currently, the law has disproportionately high levels of radiation exposure requirements for miners to qualify for compensation as compared to the ''downwinders.'' My legislation would set a standard of proof for uranium workers that is more realistic given the availability of mining and mill data. The bill also removes the provision that only permits a claim for respiratory disease if the uranium mining occurred on a reservation. Thus, the bill will allow for further filing of a claim by those miners, millers, and transport workers who did not have a work history on a reservation. In addition, the bill would change the current law so that requirements for written medical documentation is updated to allow for use of high resolution CAT scans and allow for written diagnoses by physician in either the Department of Veterans Affairs or the Indian Health Service to be considered conclusive.

In 1990, we joined together in a bipartisan, bicameral effort and assured passage of the Radiation Exposure Compensation Act (RECA). Now, either years later, I put forward this comprehensive amendment to RECA to correct some omissions, make RECA consistent with current medical knowledge, and to address what have become administrative horror stories for the claimants. I look forward to the debate in the Senate on this issue and hope that we can move to amend the current statue to ensure our original intent . . . fair and rapid compensation to those who served so well.

Mr. President, I ask unanimous consent to have the text of the Radiation Improvement Compensation Act printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2343

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; FINDINGS.

(a) SHORT TITLE.—This Act may be cited as the ''Radiation Exposure Compensation Improvement Act''.

(b) FINDINGS.—Congress finds the following:

(1) The intent of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), enacted in 1990, was to apologize to victims of the weapons program of the Federal Government, but uranium workers who have applied for compensation under the Act have faced a disturbing number of challenges.

(2) The congressional oversight hearing conducted by the Committee on Labor and Human Resources of the Senate has shown that since passage of the Radiation Exposure Compensation Act, former uranium workers and their families have not received prompt and efficient compensation.

(3) There is no plausible justification for the Federal Government's failure to warn and protect the lives and health of uranium workers.

(4) Progress on implementing the Radiation Exposure Compensation Act has been impeded by criteria for compensation that is far more stringent than for other groups for which compensation is provided.

(5) The President's Advisory Committee on Human Radiation Experiments recommended that amendments to the Radiation Exposure Compensation should be made.

(6) Uranium millers, aboveground miners, and individuals who transported uranium ore should be provided compensation that is similar to that provided for underground uranium miners in cases in which those individuals suffered disease or resultant death as a result of the failure of the Federal Government to warn of health hazards.

SEC. 2. TRUST FUND.

Section 3(d) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended by striking ''of this Act'' and inserting ''of the Radiation Exposure Compensation Improvement Act''.

SEC. 3. AFFECTED AREA; CLAIMS RELATING TO SPECIFIED DISEASES.

(a) AFFECTED AREA.—Section 4(b)(1) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) by striking ''and'' at the end of subparagraph (B); and

(2) by adding at the end the following:

''(D) those parts of Arizona, Utah, and New Mexico comprising the Navajo Nation Reservation that were subjected to fallout from nuclear weapons testing conducted in Nevada; and''.

(b) CLAIMS RELATING TO SPECIFIED DISEASES.—Section 4(b)(2) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) by striking ''the onset of the disease was between 2 and 30 years of first exposure,'' and inserting ''the onset of the disease was at least 2 years after first exposure, lung cancer (other than in situ lung cancer that is discovered during or after a post-mortem exam),'';

(2) by striking ''(provided initial exposure occurred by the age of 20)'' after ''thyroid'';

(3) by inserting ''male or'' before ''female breast'';

(4) by striking ''(provided initial exposure occurred prior to age 40)'' after ''female breast'';

(5) by striking ''(provided low alcohol consumption and not a heavy smoker)'' after ''esophagus'';

(6) by striking ''(provided initial exposure occurred before age 30)'' after ''stomach'';

(7) by striking ''(provided not a heavy smoker)'' after ''pharynx'';

(8) by striking ''(provided not a heavy smoker and low coffee consumption)'' after ''pancreas'';

(9) by inserting ''salivary gland, urinary bladder, brain, colon, ovary,'' after ''gall bladder,''; and

(10) by inserting before the period at the end the following: '', and chronic lymphocytic leukemia''.

SEC. 4. URANIUM MINING AND MILLING AND TRANSPORT.

(a) AMENDMENT TO HEADING.—Section 5 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended by striking the section heading and inserting the following:

''SEC. 5. CLAIMS RELATING TO URANIUM MINING OR MILLING OR TRANSPORT.''.

(b) MILLING.—Section 5(a) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) by striking ''Any'' and inserting ''Any individual who was employed to transport or handle uranium ore or any''; and

(2) by inserting ''or in any other State in which uranium was mined, milled, or transported'' after ''Utah''.

(c) MINES.—Section 5(a) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), as amended by subsection (a) of this section, is amended by striking ''a uranium mine'' and inserting ''a uranium mine (including a mine located aboveground or an open pit mine in which uranium miners worked, or a uranium mill)''.

(d) DATES.—Section 5(a) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), as amended by subsections (b) and (c) of this section, is amended by striking ''January 1, 1947, and ending on December 31, 1971'' and inserting ''January 1, 1942, and ending on December 31, 1990''.

(e) AMENDMENT OF PERIOD OF EXPOSURE; EXPANSION OF COVERAGE; INCREASE IN COMPENSATION AWARDS; AND REMOVAL OF SMOKING DISTINCTION.—Section 5(a) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), as amended by subsections (b) through (d) of this section, is amended—

(1) by striking paragraph (1) and all that follows through the end of the subsection and inserting the following:

''(2) COMPENSATION.—Any individual shall receive $200,000 for a claim made under this Act if—

''(A) that individual—

''(i) was exposed to 40 or more working level months of radiation and submits written medical documentation that the individual, after exposure developed—

''(I) lung cancer,

''(II) a nonmalignant respiratory disease, or

''(III) any other medical condition associated with uranium mining or milling, or

''(ii) worked in uranium mining, milling, or transport for a period of at least 1 year and submits written medical documentation that the individual, after exposure, developed—

''(I) lung cancer,

''(II) a nonmalignant respiratory disease, or

''(III) any other medical condition associated with uranium mining, milling, or transport,

''(B) the claim for that payment is filed with the Attorney General by or on behalf of that individual, and

''(C) the Attorney General determines, in accordance with section 6, that the claim meets the requirements of this Act.''.

(2) by striking ''(a) ELIGIBILITY OF INDIVIDUALS.—Any'' and inserting the following: ''(a) ELIGIBILITY.—

''(1) IN GENERAL.—Any''; and

(3) in paragraph (1), as so designated, by striking the dash at the end and inserting a period.

(f) CLAIMS RELATED TO HUMAN RADIATION EXPERIMENTATION AND DEATH RESULTING FROM CAUSE OTHER THAN RADIATION.—Section 5 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) by redesignating subsection (b) as subsection (d); and

(2) by inserting after subsection (a) the following:

''(b) CLAIMS RELATING TO HUMAN USE RESEARCH AND DEATH RESULTING FROM NONRADIOLOGICAL CAUSES.—

''(1) IN GENERAL.—

''(A) PAYMENT.—Any individual described in subparagraph (B) shall receive $50,000 if—

''(i) a claim for that payment is filed with the Attorney General by or on behalf of that individual; and

''(ii) the Attorney General determines, in accordance with section 6, that the claim meets the requirements of this Act.

''(B) DESCRIPTION OF INDIVIDUALS.—An individual described in this subparagraph is an individual who—

''(i) was employed in a uranium mining, milling, or transport within any State referred to in subsection (a) at any time during the period referred to in that subsection, and

''(ii)(I) in the course of that employment, without the individual's knowledge or informed consent, was intentionally exposed to radiation for purposes of testing, research, study, or experimentation by the Federal Government (including any agency of the Federal Government) to determine the effects of that exposure on the human body; or

''(II) in the course of or arising out of the individual's employment, suffered death, that, because the individual or the estate of the individual was barred from pursuing recovery under a worker's compensation system or civil action available to similarly situated employees of mines or mills that are not uranium mines or mills, is not otherwise—

''(aa) compensable under subsection (a); or

''(bb) redressable.

''(2) PAYMENTS.—Payments under this subsection may be made only in accordance with section 6.''.

(g) OTHER INJURY OR DISABILITY.—Section 5 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), as amended by subsection (f) of this section, is amended by adding after subsection (b) the following:

''(c) OTHER INJURY OR DISABILITY.—

''(1) IN GENERAL.—

''(A) PAYMENT.—Any individual described in subparagraph (B) shall receive $20,000 if—

''(i) a claim for that payment is filed with the Attorney General by or on behalf of that individual; and

''(ii) the Attorney General determines, in accordance with section 6, that the claim meets the requirements of this Act.

''(B) DESCRIPTION OF INDIVIDUALS.—An individual described in this subparagraph is an individual who—

''(i) was employed in a uranium mine or mill or transported uranium ore within any State referred to in subsection (a) at any time during the period referred to in that subsection; and

''(ii) submits written medical documentation that individual suffered injury or disability, arising out of or in the course of the individual's employment that, because the individual or the estate of the individual was barred from pursuing recovery under a worker's compensation system or civil action available to similarly situated employees of mines or mills that are not uranium mines or mills, is not otherwise—

''(I) compensable under subsection (a); or

''(II) redressable.

''(2) PAYMENTS.—Payments under this subsection may be made only in accordance with section 6.''.

(h) DEFINITIONS.—Subsection (d) of section 5 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), as redesignated by subsection (f) of this section, is amended—

(1) in paragraph (1)—

(A) by striking ''radiation exposure'' and inserting ''exposure to radon and radon progeny''; and

(B) by inserting ''based on a 6-day workweek,'' after ''every work day for a month,'';

(2) by striking paragraph (2) and inserting the following:

''(2) the term 'affected Indian tribe' means any Indian tribe, band, nation, pueblo, or other organized group or community, that is recognized as eligible for special programs and services provided by the United States to Indian tribes because of their status as Native Americans, whose people engaged in uranium mining or milling or were employed where uranium mining or milling was conducted;'';

(3) by striking paragraphs (3) and (4); and

(4) by adding at the end the following:

''(3) the term 'course of employment' means—

''(A) any period of employment in a uranium mine or uranium mill before or after December 31, 1971, or

''(B) the cumulative period of employment in both a uranium mine and uranium mill in any case in which an individual was employed in both a uranium mine and a uranium mill;

''(4) the term 'lung cancer' means any physiological condition of the lung, trachea, and bronchus that is recognized under that name or nomenclature by the National Cancer Institute, including any in situ cancer;

''(5) the term 'nonmalignant respiratory disease' means fibrosis of the lung, pulmonary fibrosis, corpulmonale related to pulmonary fibrosis, or moderate or severe silicosis or pneumoconiosis;

''(6) the term 'other medical condition associated with uranium mining, milling, or uranium transport' means any medical condition associated with exposure to radiation, heavy metals, chemicals, or other toxic substances to which miners and millers are exposed in the mining and milling of uranium;

''(7) the term 'uranium mill' includes milling operations involving the processing of uranium ore or vanadium-uranium ore, including carbonate and acid leach plants;

''(8) the term 'uranium transport' means human physical contact involved in moving uranium ore from 1 site to another, including mechanical conveyance, physical shoveling, or driving a vehicle;

''(9) the term 'uranium mine' means any underground excavation, including dog holes, open pit, strip, rim, surface, or other aboveground mines, where uranium ore or vanadium-uranium ore was mined or otherwise extracted;

''(10) the term 'working level' means the concentration of the short half-life daughters (known as 'progeny') of radon that will release (1.3×10^5) million electron volts of alpha energy per liter of air; and

''(11) the term 'written medical documentation' for purposes of proving a nonmalignant respiratory disease means, in any case in which the claimant is living—

''(A) a chest x-ray administered in accordance with standard techniques and the interpretive reports thereof by 2 certified 'B' readers classifying the existence of the nonmalignant respiratory disease of category 1/0 or higher according to a 1989 report of the International Labour Office (known as the 'ILO'), or subsequent revisions;

''(B) a high resolution computed tomography scan (commonly known as an 'HCRT scan') and any interpretive report for that scan;

''(C) a pathology report of a tissue biopsy;

''(D) a pulmonary function test indicating restrictive lung function (as defined by the American Thoracic Society); or

''(E) an arterial blood gas study.''.

SEC. 5. DETERMINATION AND PAYMENT OF CLAIMS.

(a) DETERMINATION AND PAYMENT OF CLAIMS, GENERALLY.—Section 6 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by adding at the end the following: ''All reasonable doubt with regard to whether a claim meets the requirements of this Act shall be resolved in favor of the claimant.'';

(B) by redesignating paragraph (2) as paragraph (5); and

(C) by inserting after paragraph (1) the following:

''(2) EVIDENCE.—In support of a claim for compensation under section 5, the Attorney General shall permit the introduction of, and a claimant may use and rely upon, affidavits and other documentary evidence, including medical evidence, to the same extent as permitted by the Federal Rules of Evidence.

''(3) INTERPRETATION OF CHEST X-RAYS.—For purposes of this Act, a chest x-ray and the accompanying interpretive report required in support of a claim under section 5(a), shall—

''(A) be considered to be conclusive, and

''(B) be subject to a fair and random audit procedure established by the Attorney General.

''(4) CERTAIN WRITTEN DIAGNOSES.—

''(A) IN GENERAL.—For purposes of this Act, in any case in which a written diagnosis is made by a physician described in subparagraph (B) of a nonmalignant pulmonary disease or lung cancer of a claimant that is accompanied by written medical documentation that meets the definition of that term under subsection (b)(11), that written diagnosis shall be considered to be conclusive evidence of that disease.

''(B) DESCRIPTION OF PHYSICIANS.—A physician described in this subparagraph is a physician who—

''(i) is employed by—

''(I) the Indian Health Service of the Department of Health and Human Services, or

''(II) the Department of Veterans Affairs, and

''(ii) is responsible for examining or treating the claimant involved.'';

(2) in subsection (c)(2)—

(A) in subparagraph (A)(ii), by striking ''in a uranium mine'' and inserting ''in uranium mining, milling, or transport''; and

(B) in subparagraph (B)(ii), by striking ''by the Federal Government'' and inserting ''through the Department of Veterans Affairs'';

(3) in subsection (d)—

(A) by striking ''(d) ACTION ON CLAIMS.—The Attorney General'' and inserting the following:

''(d) ACTION ON CLAIMS.—

''(1) IN GENERAL.—The Attorney General''; and

(B) by adding at the end the following:

''(2) DETERMINATION OF PERIOD.—For purposes of determining the tolling of the 12-month period under paragraph (1), a claim under this Act shall be considered to have been filed as of the date of the receipt of that claim by the Attorney General.

''(3) ADMINISTRATIVE REVIEW.—If the Attorney General denies a claim referred to in paragraph (1), the claimant shall be permitted a reasonable period of time in which to seek administrative review of the denial by the Attorney General.

''(4) FINAL DETERMINATION.—The Attorney General shall make a final determination with respect to any administrative review conducted under paragraph (3) not later than 90 days after the receipt of the claimant's request for that review.

''(5) EFFECT OF FAILURE TO RENDER A DETERMINATION.—If the Attorney General fails to render a determination during the 12-month period under paragraph (1), the claim shall be deemed awarded as a matter of law and paid.'';

(4) in subsection (e), by striking ''in a uranium mine'' and inserting ''uranium mining, milling, or transport'';

(5) in subsection (k), by adding at the end the following: ''With respect to any amendment made to this Act after the date of enactment of this Act, the Attorney General shall issue revised regulations, guidelines, and procedures to carry out that amendment not later than 180 days after the date of enactment of that amendment.''; and

(6) in subsection (l)—

(A) by striking ''(l) JUDICIAL REVIEW.—An individual'' and inserting the following:

''(l) JUDICIAL REVIEW.—

''(1) IN GENERAL.—An individual''; and

(B) by adding at the end the following:

''(2) ATTORNEY'S FEES.—If the court that conducts a review under paragraph (1) sets aside a denial of a claim under this Act as unlawful, the court shall award claimant reasonable attorney's fees and costs incurred with respect to the court's review.

''(3) INTEREST.—If, after a claimant is denied a claim under this Act, the claimant subsequently prevails upon remand of that claim, the claimant shall be awarded interest on the claim at a rate equal to 8 percent, calculated from the date of the initial denial of the claim.

''(4) TREATMENT OF ATTORNEY'S FEES, COSTS, AND INTEREST.—Any attorney's fees, costs, and interest awarded under this section shall—

''(A) be considered to be costs incurred by the Attorney General, and

''(B) not be paid from the Fund, or set off against, or otherwise deducted from, any payment to a claimant under this section.''.

(b) FURTHERANCE OF SPECIAL TRUST RESPONSIBILITY TO AFFECTED INDIAN TRIBES; SELF-DETERMINATION PROGRAM ELECTION.—In furtherance of, and consistent with, the trust responsibility of the United States to Native American uranium workers recognized by Congress in enacting the Radiation Exposure Compensation Act (42 U.S.C. 2210 note), section 6 of that Act, as amended by subsection (a) of this section, is amended—

(1) in subsection (a), by adding at the end the following: ''In establishing any such procedure, the Attorney General shall take into consideration and incorporate, to the fullest extent feasible, Native American law, tradition, and custom with respect to the submission and processing of claims by Native Americans.'';

(2) in subsection (b), by inserting after paragraph (3) the following:

''(4) PULMONARY FUNCTION STANDARDS.—In determining the pulmonary impairment of a claimant, the Attorney General shall evaluate the degree of impairment based on ethnic-specific pulmonary function standards.'';

(3) in subsection (b)(5)—

(A) by striking ''and'' at the end of subparagraph (B);

(B) by striking the period at the end of subparagraph (C) and inserting ''; and''; and

(C) by inserting after subparagraph (C) the following:

''(D) in consultation with any affected Indian tribe, establish guidelines for the determination of claims filed by Native American uranium miners, millers, and transport workers pursuant to section 5.'';

(4) in subsection (b), by adding after paragraph (5) the following:

''(6) SELF-DETERMINATION PROGRAM ELECTION.—

''(A) IN GENERAL.—The Attorney General on the request of any affected Indian tribe by tribal resolution, may enter into 1 or more self-determination contracts with a tribal organization of that Indian tribe pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to plan, conduct, and administer the disposition and award of claims under this Act to the extent that members of the affected Indian tribe are concerned.

''(B) APPROVAL.—(i) On the request of an affected Indian tribe to enter into a self-determination contract referred to in subparagraph (A), the Attorney General shall approve or reject the request in a manner consistent with section 102 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f).

''(ii) The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall apply to the approval and subsequent implementation of a self-determination contract entered into under clause (i) or any rejection of such a contract, if that contract is rejected.

''(C) USE OF FUNDS.—Notwithstanding any other provision of law, funds authorized for use by the Attorney General to carry out the functions of the Attorney General under subsection (i) may be used for the planning, training, implementation, and administration of any self-determination contract that the Attorney General enters into with an affected Indian tribe under this section.''; and

(5) in subsection (c)(4), by adding at the end the following:

''(D) APPLICATION OF NATIVE AMERICAN LAW.—In determining the eligibility of individuals to receive compensation under this Act by reason of marriage, relationship, or survivorship, the Attorney General shall take into consideration and give effect to established law, tradition, and custom of affected Indian tribes.''.

SEC. 6. CHOICE OF REMEDIES.

Section 7(b) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended to read as follows:

''(b) CHOICE OF REMEDIES.—

''(1) IN GENERAL.—Except as provided in paragraph (1), the payment of an award under any provision of this Act does not preclude the payment of an award under any other provision of this Act.

''(2) LIMITATION.—No individual may receive more than 1 award payment for any compensable cancer or other compensable disease.''.

SEC. 7. LIMITATION ON CLAIMS; RETROACTIVE APPLICATION OF AMENDMENTS.

Section 8 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended to read as follows:

''SEC. 8. LIMITATION ON CLAIMS.

''(a) BAR.—After the date that is 20 years after the date of enactment of the Radiation Exposure Compensation Improvement Act no claim may be filed under this Act.

''(b) APPLICABILITY OF AMENDMENTS.—The amendments made to this Act by the Radiation Exposure Compensation Improvement Act shall apply to any claim under this Act that is pending or commenced on or after October 5, 1990, without regard to whether payment for that claim could have been awarded before the date of enactment of the Radiation Exposure Compensation Improvement Act as the result of previous filing and prior payment under this Act.''.

SEC. 9. REPORT.

Section 12 of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is amended—

(1) by striking the section heading and inserting the following:

''**SEC. 12. REPORTS.**'';

and

(2) by adding at the end the following:

''(c) URANIUM MILL AND MINE REPORT.—Not later than January 1, 2000, the Secretary of Health and Human Services in consultation with the Secretary of Energy shall prepare and submit to Congress a report that—

''(1) summarizes medical knowledge concerning adverse health effects sustained by residents of communities who reside adjacent to—

''(A) uranium mills or mill tailings,

''(B) aboveground uranium mines, or

''(C) open pit uranium mines; and

''(2) summarizes available information concerning the availability and accessibility of medical care that incorporates the best available standards of practice for individuals with malignancies and other compensable diseases relating to exposure to uranium as a result of uranium mining and milling activities;

''(3) summarizes the reclamation efforts with respect to uranium mines, mills, and mill tailings in Colorado, New Mexico, Arizona, Wyoming, and Utah; and

''(4) makes recommendations for further actions to ensure health and safety relating to the efforts referred to in paragraph (3).''.

By Mr. COVERDELL (for himself, Mr. FAIRCLOTH, Mr. LOTT, Mrs. HUTCHISON, Mr. GRAMM, Mr. SHELBY, Mr. LUGAR, and Mr. COCHRAN):

S. 2344. A bill to amend the Agricultural Market Transition Act to provide for the advance payment, in full, of the fiscal year 1999 payments otherwise required under production flexibility contracts; to the Committee on Agriculture, Nutrition, and Forestry.

THE EMERGENCY FARM FINANCIAL RELIEF ACT

● Mr. COVERDELL. Mr. President, the past several years have been devastating for a large number of Georgia farmers. Due to the large amounts of weather damage and associated agriculture production losses, numerous farmers and agribusinesses are faced with dire financial situations.

Farmers from across the state of Georgia are facing their worst crop disaster in many years. Currently, damages are estimated at about $450 million and rising. The drought in Georgia has already lasted 3 months and has caused farmers water supplies to dry up, leaving many without a source of irrigation water. I understand fully that it is not only in my home state where farmers are suffering. It is occuring in many parts of the country.

To help alleviate farmers' financial difficulties, today I am proud to introduce legislation with my esteemed colleagues Majority Leader LOTT, Senator COCHRAN, Senator FAIRCLOTH, Senator SHELBY, Senator GRAMM, Senator LUGAR and Senator HUTCHISON, which will help provide American farmers with much needed financial relief. The bill—The Emergency Farm Financial Relief Act—would allow farmers the option of receiving all of the Agriculture Market Transition Act (AMTA) contract payments for FY 1999 immediately after the beginning of the fiscal year. Annual payments can now be made two times a year, in December or January and again in September. The legislation we introduce today is a Senate companion to House legislation introduced by Representative BOB SMITH, Chairman of the House Agriculture Committee.

The bill would make $5.5 billion available much earlier in order to help farmers cope with the cash shortages they are now experiencing due to low prices and poor production. This important initiative leaves the decision to accept early payments or not solely with the farmer. Since all of the 1999 AMTA payments occur within the same fiscal year, the Congressional Budget Office (CBO) has determined that this proposal would not cost any additional taxpayer funds.

While this legislation is not the only answer to helping farmers during their time of economic hardship, it is a much needed overture which provides farmers with immediate financial relief. Certainly we have other measures to consider, but this is a good first step. I look forward to working with my colleagues in the Senate on this proposal and urge its speedy consideration.●

● Mr. FAIRCLOTH. Mr. President, I rise as a co-sponsor of the Emergency Farm Financial Relief Act of 1998, which will permit farmers to receive their fiscal year 1999 Agriculture Market Transition Act (AMTA) payments at the start of the fiscal year in October of 1998 rather than the semi-annual payments in December of 1998 and September of 1999.

This bill thus readies some $5.5 billion to help farmers cope with their current cash shortage that stems from high debts and low commodity prices.

This is a first to address the farm crisis, and it will help some farmers with their cash flow, but there are a lot of other growers in rough straits. Therefore, this is just a first step, and we need to take more aggressive steps to open export markets to American commodities.

This bill will not solve the farm crisis in North Carolina. In fact, because we managed to preserve the tobacco and peanut programs in the 1996 farm bill, the acceleration of AMTA contract payments will be limited, for the most part, to cotton, corn, and wheat growers.

The fields of North Carolina, Mr. President, are dry. All the farmers are in the same dire situation, and the scope of this bill is limited, but we need to address the tobacco growers.

I am concerned that efforts to bring the tobacco program to the Senate floor will get torn to shreds, but, certainly, the anti-tobacco crowd needs to rise above politics and realize that this is about farm families and family farms.

In addition to cash flow assistance, farmers need aggressive leadership to boost exports, and President Clinton needs to pay attention to farmers and to use the tools we gave him—like the Export Enhancement Program—to secure foreign markets for American agricultural commodities. Farmers just can't afford this continued silence from President Clinton. Agriculture is our number one export, so, clearly, we need the White House to engage on this issue.

Thank you, Mr. President, and I urge my colleagues to join us in support of the Emergency Farm Financial Relief Act of 1998.●

ADDITIONAL COSPONSORS

S. 263

At the request of Mr. MCCONNELL, the name of the Senator from Idaho (Mr. KEMPTHORNE) was added as a cosponsor of S. 263, a bill to prohibit the import, export, sale, purchase, possession, transportation, acquisition, and receipt of bear viscera or products that contain or claim to contain bear viscera, and for other purposes.

S. 981

At the request of Mr. LEVIN, the name of the Senator from South Dakota (Mr. DASCHLE) was added as a cosponsor of S. 981, a bill to provide for analysis of major rules.

S. 1321

At the request of Mr. TORRICELLI, the name of the Senator from Louisiana (Mr. BREAUX) was added as a cosponsor of S. 1321, a bill to amend the Federal Water Pollution Control Act to permit grants for the national estuary program to be used for the development and implementation of a comprehensive conservation and management plan, to reauthorize appropriations to carry out the program, and for other purposes.

S. 1344

At the request of Mr. BROWNBACK, the name of the Senator from Minnesota (Mr. GRAMS) was added as a cosponsor of S. 1344, a bill to amend the Foreign Assistance Act of 1961 to target assistance to support the economic and political independence of the countries of South Caucasus and Central Asia.

S. 1647

At the request of Mr. BAUCUS, the name of the Senator from Texas (Mrs. HUTCHISON) was added as a cosponsor of S. 1647, a bill to reauthorize and make reforms to programs authorized by the Public Works and Economic Development Act of 1965.

S. 1759

At the request of Mr. HATCH, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1759, A bill to grant a Federal charter to the American GI Forum of the United States.

S. 1924

At the request of Mr. MACK, the names of the Senator from Alaska (Mr. STEVENS) and the Senator from Arizona (Mr. KYL) were added as cosponsors of S. 1924, a bill to restore the standards used for determining whether technical workers are not employees as in effect before the Tax Reform Act of 1986.

S. 2049

At the request of Mr. KERREY, the names of the Senator from Illinois (Ms.